

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full) PHYLLIS SCHLAFLY'S EAGLE PAC | | FEC IDENTIFICATION NUMBER ▼ C C00625285 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

| | | |
|----------------------------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee Facebook | | Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016 |
| Mailing Address 1601 Willow Road | | Amount 5600.00 |
| City Menlo Park | State CA | Zip Code 94025 |
| Purpose of Expenditure Online advertising through 11/7 - estimate | Category/Type 004 | Transaction ID : SE.4146 Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate TRUMP, DONALD J., , | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | |
|---------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY |
| Mailing Address | | Amount |
| City | State | Zip Code |
| Purpose of Expenditure | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|-----------------------------------------------------------|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 5600.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (c) TOTAL Independent Expenditures.....▶ | 5600.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Martin, Ed, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
11 / 02 / 2016

Signature